

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.   FILING DATE  

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		3				
5	3					
6	3					
7	3					
8	1					
9	1					
10		1				
11	3					
12	3					
13	3					
14	3					
15	3					
16	3					
17	3					
18	3					
19	3					
20	3					
21	3					
22	3					
23	3					
24	3					
25	3					
26	3					
27	3					
28	3					
29	3					
30	3					
31	3					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	3					
45	1					
46	1					
47	1					
48		3				
49		3				
50		-2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
63		3				
64		3				
65		3				
66		3				
67		3				
68		3				
69		3				
70		3				
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		3				
78		3				
79		3				
80		3				
81		3				
82		3				
83	1					
84		1				
85		1				
86		3				
87		3				
88		3				
89		3				
90		3				
91		3				
92		1				
93		1				
94		1				
95						
96						
97						
98						
99						
100						
TOTAL IND.		5				
TOTAL DEP.		247				
TOTAL CLAIMS		252				